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UNUSUAL FORM OF SPINA BIFIDA.

To the Editors of the Boston Medical and Surgical Journal.

GENTLEMEN.—A few weeks ago, your correspondent, Dr. J. L. Chandler, of St. Albans, Vt., sent to Dr. James Jackson an account of a case of the above malformation, intending it for publication, and wishing to have an expression of his opinion in regard to it. The subject of the case is a young lady, 23 years of age; and being, at the time, on a visit to her friends in Chelsea, it was proposed to Dr. J. to see her. This, however, he was unable to do, and at his request, and that of Dr. C., I called upon her. I found the case, as Dr. C. has stated in his letter, to be one of great interest, not merely in regard to the age of the subject, but from the situation and character of the tumor. Dr. C.'s history was quite full; but there were some facts that were not noticed by him, and I have therefore taken the liberty to incorporate them as they were stated to me at the time of my visit.

The age of the individual, as above stated, is 23 years. She is of short stature, but quite healthy in appearance, and intelligent. Dr. C., who is the attending physician of the family, was not present at her birth, but saw her in consultation soon afterwards. The tumor was then near the sacrum, but rather towards one side than over the centre of the spine; it had an elevation of about one and a half inches, and was about the same in diameter at the base; being, perhaps, half the size of a goose egg. The integument, on its most prominent part, was very pale and thin, seeming ready to yield to pressure. Towards the close of the first year, the tumor was punctured, in the course of a few weeks, nine times; a very small puncture was made near the base, and a little serous fluid, with a slight pink tinge, was evacuated; after which, moderate and permanent compression was applied. Excepting the tumor, the patient was perfectly well formed at birth; but when she became old enough to walk, the feet began to turn, and there has always been such a weakness of the lower extremities as has obliged her to use crutches; with these, however, she moves about actively, and has often taken long walks. The left lower extremity, upon which she has never borne any weight, is considerably smaller than

the right ; and she does not remember that she could ever move the left foot, though she can flex and extend the leg upon the thigh sufficiently well. The toes of the right foot, also, she cannot move ; though she can flex and extend the foot itself. The sensibility of the left foot is impaired, so that at one time she bruised it pretty severely, and without her knowledge ; both feet have also been pricked with pins, and without her feeling it ; above the ankles, however, the sensibility is perfect. Meanwhile the feet have become very much deformed ; the left being turned when she stands erect, so that she rests upon the tarsus just in front of the ankle joint, the toes being directed backward and the sole of the foot looking almost directly upward. The right foot, which is much less deformed than the left, is however turned very strongly inward, and the sole more or less upward. Both feet are also affected with disease, and, as Dr. C. supposes, of the bones ; there being a copious and offensive discharge, with pain, and formerly with a discharge of bone from the right. The disease of the left foot dates from infancy ; that of the right from about the age of 16 years. There have also been sores upon the left hip since she was 8 years of age ; these sometimes healing. For the last six years, œdema of the right leg, with some of the left. Until the last seven years there was incontinence of the urine and discharges from the bowels ; but not since.

The tumor grew with her growth, but for several years past has been about as large as it is now. Upon inspection, it forms a large mass of solid flesh, centering over the sacrum, ill defined, and not regularly rounded, but measuring about eight inches in diameter and three in elevation. It is everywhere covered by skin that has a perfectly healthy appearance, and there is nothing now to show that it was ever otherwise ; there never having been any spontaneous discharge from it. Pain is sometimes felt in the tumor, and at the same time in the head, though not along the spine. Headache is also induced if she lies upon the tumor, or in any way presses upon it ; but otherwise the head has not been affected.

As above stated, the patient's general health is good ; the stomach is well, but for the last six years the bowels have been costive, and occasionally very much so. The catamenia first occurred at the age of 15 years ; but the periods were infrequent and the flow scanty until last February, since which time they have been nearly regular.

By the kind permission of the patient, a very successful cast in plaster has lately been taken of the tumor, by an Italian artist, for the museum of the Massachusetts Medical College.

The above case has been regarded as one of spina bifida ; and I have no doubt that it should be so, though the appearances of the tumor are so unusual. This malformation is most frequently found in the lumbar or dorsal region, and the skin and integuments are deficient just so far as the malformation of the parts beneath extends. Such is certainly the general rule ; when the above case,

however, was reported to the Society for Medical Improvement, Dr. Morland referred to one in which the integuments were continued over the tumor, though this last was situated between the scapulae. Occasionally the sacral region is the seat of the malformation, and then the tumor is covered over by well-developed skin and integument. This point in the history of spina bifida does not seem to have attracted the general attention of the profession, though several such cases have been observed here. About twelve years ago there were two that occurred, and were observed simultaneously in this city; they even lived in the same street, were both young children, and had the fleshy tumor over the sacrum, with more or less paralysis of the lower extremities and of the sphincters. One of these children died at the age of 14 months, of diarrhoea; and on dissection there was found a deficiency of the sacrum, a dilatation of the spinal membranes within the tumor, and a continuation of the spinal marrow in substance downward to the small cavity thus formed; the parts are preserved in the cabinet of the Society for Medical Improvement. The other child, a patient of Dr. C. E. Ware, is still living, and is now 14 years of age. I have seen her lately, and she is a fine, healthy-looking girl, able to run about, going to distant parts of the city, and never having required the use of crutches; the feet, however, are deformed, and there is incontinence of the discharges, but without paralysis of the lower extremities. A cast of the tumor, in this last case, was taken when the child was 4 years old (No. 800 in the printed catalogue of the cabinet of the Society for Medical Improvement; the specimens from the other case being numbered 801 in the same). There is no reason why this last child may not grow up to be a healthy woman, and the first might have done equally well if it had not been for the occurrence of accidental disease.

In other cases in which the malformation is situated over the sacrum, there is found in this region a large encysted tumor, instead of a fleshy mass; the cyst being formed by a dilatation of the spinal membranes, and distended more or less by serous fluid. But this cyst is invested by perfectly-formed skin; there being between the two a thin layer of cellular tissue. A specimen of this variety of spina bifida is in the Medical Society's cabinet (No. 802); and another was observed not long ago in a case of extroversion of the bladder, and reported to the Society (*American Journal of Medical Sciences* for January, 1853).

In a second letter to Dr. James Jackson, Dr. Chandler communicated the history of another case of spina bifida, which is very interesting for the age of the subject. The exact position of the tumor, however, and the degree of development of the skin and integument, are not so stated as to show just how far the case corresponds to the variety of the malformation above described. Dr. C. says:—

"Circumstances have recalled to my recollection another case which I had forgotten. A young lady, 18 years of age, residing

about twenty miles from this place, is also the subject of spina bifida. I am informed by intelligent persons, who are familiar with her history, that at her birth such a tumor existed, 'located low on the back, a little on one side of the spine ; of the size of a butternut, and of an oval form, looking like a little bladder, blown up,' and that there was full development, in size and form, of the limbs, except that one foot was slightly turned up at its inner edge ; the toes also turned inward. At the end of about three weeks, with the advice of several physicians, puncture was resorted to once, and some watery fluid discharged. Great depression followed, and for some time it was thought the child would not rally. The child grew and prospered, until ten years of age, walking pretty well, and without crutches, the lower extremities maintaining their relative proportions with the body, the curved foot also doing good service. The tumor, however, had increased, relatively, in size, much faster than the body. At that time, from over exertion in walking a considerable distance to school, the defective foot, and limb, on the same side to which the tumor inclined, gradually lost power and ceased to grow ; became atrophied, and rather lost than gained, absolutely, in size, and the limb is now at least a third shorter, and proportionally smaller, than the other. The tumor is now 'of the size of a large quart bowl, but in shape like a musk-melon, divided longitudinally, the length parallel with the spine,' the integuments seeming to be very thin, semi-transparent, and of a purple hue. Light blows, received by accident on the tumor, produce pain, faintness, and sometimes a prolonged semi-comatose condition. She has never been the subject of ulceration on any portion of the body ; but has had an affection 'like salt-rheum' on the ham of the best limb, and I think on some other portion of the body, but which yielded to the application of some sort of cerate. She is active, intelligent and cheerful."

In connection with the above cases, there may be reported one that was observed several years ago at the Hospital in this city, and for the history of which I am indebted to Dr. J. Mason Warren. The patient was a robust, healthy-looking girl, 17 years of age, and entered the Hospital April 3d, 1849. The tumor was situated over the last lumbar vertebra and sacrum, and was divided by a deep furrow into two lobes. The original tumor, which, by the report of her parents, was at first about the size of a bean, and had gradually increased, was found situated directly over the spine, and about as large as a medium-sized apple. It was soft and fluctuating ; and protected by a thick, tough skin. The second tumor, which extended from the right side, was about half as large as the first, and was solid. The patient had never suffered any pain nor inconvenience in the tumor, except when forcibly struck, and then there was felt "a numb sensation as if the limbs were asleep."

At the age of nine months, when she was first allowed to stand erect, the left foot began to turn in, and it had been so from that

time. Ulceration soon followed, the bones became affected, and on her admission into the Hospital the disease was quite extensive. When she was about 8 years of age she was confined to the bed for four months, and during that time the right foot became deformed like the left, so that afterwards she was obliged to walk, altogether, with the aid of crutches, upon the side of the foot. Over the outer malleolus and side of this right foot was a large fluctuating tumor, covered by thick integument; about a month before her entrance it had opened, and discharged about four ounces of offensive pus, after which it closed. The left leg was about two inches shorter than the right; the thighs being of equal length.

The height of the patient was five feet. General health, for the last ten years, had been perfectly good. Catamenia appeared at the usual period, and had always been regular. Appetite good, and bowels well.

On the 7th of April, the left leg was amputated. A very small portion of the incision united by the first intention; but the wound was completely cicatrized by the 1st of May. On the 4th of May the tendons about the right foot were divided; splints were afterwards used, and on the 4th of July she left the Hospital; having been able, for the last three weeks, to walk with crutches—the whole weight of her body resting fairly upon the sole of the foot, though there was still some tendency to turn inward.

"Most of the victims of spina bifida," as Dr. Chandler remarks, "seem to have perished in childhood"; but the cases above reported show under what circumstances life may be sometimes continued; and I would once more call the attention of the profession to the appearances of the tumor when situated over the sacrum, as contrasted with what is so very generally, though not universally, observed when the lumbar or dorsal region is the seat of the malformation.

Yours respectfully, &c.

Boston, Feb. 6th, 1855.

J. B. S. JACKSON.

CONGENITAL DISEASE OF THE BONES.

[Communicated for the Boston Medical and Surgical Journal.]

I VISITED a family a few days since in this town, in which all the children, three boys, are singularly affected with disease of the bones. The condition of the spine termed rickets, is strongly marked in all three. With this is also present a brittleness of the bones which causes them to fracture with great ease. The eldest, aged 14, was stated by the parents to have fractured his limbs about twenty-five times. The parents, who are poor, have become so used to it, that they now usually adjust the broken limbs themselves. They showed me a fracture of the lower third of the humerus in the oldest which had occurred a few weeks previous. There was a distinct callus perceptible. I had noticed the same on another of the boys, some months since. There had been fracture of the

femur several years since. There was so much muscular contraction, or spasm, that it was not kept in place, and has united at an obtuse, or nearly a right angle. The muscles are subject to violent spasmodic action, which is often so severe as to fracture the bones. The action of the muscles of the calf has bent the tibia and fibula in both limbs of the oldest at right angles, so that when the limbs are extended the feet are parallel with the upper part of the leg. The lower limbs are of course wholly useless, and the muscles much atrophied; still their spasmodic contractions are very severe. The children are bright and intelligent. The parents are both healthy. The mother is rather below the medium height, of a fair complexion and full habit. She manifests no symptom of this diseased condition. She has had two sisters, however, in the same condition, and her father was also diseased in the same way.

The peculiar diathesis seems to have been thus hereditary, and is most fully developed in this generation. It will, however, probably cease here in the extinction of its subjects.

Orford, N. H., Feb. 12, 1855.

J. H. NUTTING, M.D.

CHLOROFORM AS A LOCAL AGENT.

[Communicated for the Boston Medical and Surgical Journal.]

ALTHOUGH we have occasional reports of apparently favorable results from the use of chloroform as a local agent, it seems not to have acquired, to any great extent, the confidence of the profession. Whether these apparent results are mere accidental circumstances, coincident with the use of the remedy, or whether a certain class of cases, cognizable to practical discrimination and diagnostic skill, are amenable to its use, remains for future experience to determine. The following case, from my note-book, is at your service:—

Miss A. E. Robinson, aet. 22, of nervo-sanguine temperament, full habit, and good constitution; employed in the family of K. Fleming, Esq., of Summer Hill, Cayuga Co.; on reaching her hand across the table, brought it in contact with a steel carving-fork in the hands of another member of the family. The point of the fork entered the middle of the palm, penetrating, it was thought, about three fourths of an inch, and requiring considerable force to extract it. Some inflammation supervened, with tumefaction and deep pulsating pain, which subsided in few days, under the use of emollient cataplasms; leaving the fingers strongly flexed upon the hand. The accident occurred not far from the 20th of April, 1853. On the 23d of May following, I saw the patient. Her general appearance, appetite, digestion, pulse, &c., were good, and with the exception of a somewhat haggard expression from pain and loss of sleep, there was nothing bespeaking impaired general health. No mark of the wound, or external evidences of inflammation, were discoverable about the hand; yet the fingers were flexed upon the palm so closely and so firmly as to render it almost impossible to

introduce my finger beneath them. Whole surface of hand and forearm excessively tender to the slightest touch, with occasional acute pain along the track of the nerves, and spasmodic twitching of the muscles of the arm and shoulder. So distressing were these latter symptoms, that powerful anodynes were required to secure rest. By the advice of several experienced physicians, she had very properly pursued an antiphlogistic course, and latterly tonic treatment, with rubefacient and antispasmodic applications to the hand. The patient informed me that her medical advisers had all coincided in the opinion that an operation should be performed, dividing the fascia and flexor tendons of the hand, to which she would not consent, and in which I could not acquiesce, under an impression that the contraction might be purely spasmodic. A blister of appropriate dimensions had just been applied, and as she was pursuing treatment prescribed by a very judicious practitioner, I advised its continuance long enough at least to test its efficacy.

On the 23d of July, 14 weeks from the date of the injury, the patient again called on me, with no perceptible improvement. Contraction of tendons and morbid sensibility of surface not diminished, and at this time some atrophy of the muscles of the arm and shoulder. I had now resolved to try the effects of the "letheon," and accordingly allowed her to inhale sufficient to produce partial anesthesia. At the same time, applying freely to the hand and forearm, a liniment of chloroform, ol. olive and spts. camphor, I commenced moderate friction along the flexors. The fingers gradually became extended, and in twenty minutes were as free and flexible as those of the other hand, to the no small surprise of patient and friends. I then left her, with orders to call again on the 2d day following, which she did, with the fingers again partially flexed. A repetition of the remedy was followed by an immediate relief, and I sent her away with directions to pursue a course of laxative and tonic treatment, and present herself again should the local difficulty return. From this time she improved without interruption, and in a few weeks recovered completely the use of the hand.

If I have been prolix in my report, it is because the case was to me an interesting one, not so much in a therapeutic as a pathological point of view. That the contraction should have been so strong and persistent, for such a length of time, and yet no organic change exist in the tissues, is a phenomenon not easily accounted for. Had the contemplated operation, which might have seemed justifiable, been performed, it must have proved a failure. The promptness of the relief, though confirmatory of my previous diagnosis, somewhat surprised me, and I confess myself not a little humiliated in contemplation of the limited extent of our knowledge of the nature and functions of the nervous system. It may be remarked that the patient confidently believed that her hand would be restored. How far this impression may have aided me, I leave for the profession to judge. Be this as it may, it de-

tracts nothing from the interest of the case to a student of science.

H. O. JEWETT.

Cortlandville, N. Y., February, 1855.

SPERMATORRHœA.

[Communicated for the Boston Medical and Surgical Journal.]

THAT form of seminal loss occurring with the emission of urine is most difficult to detect. Careful observation will, however, ordinarily lead to a correct diagnosis. If the urine be collected in a transparent vessel, it exhibits a turbid appearance, and small globular opalescent deposits may be seen at the bottom. After filtering the liquid, these globules remain behind. They are not soluble in water. Alcohol and nitric acid produce albuminous coagulation. These results are likewise apparent when the prostatic fluid escapes, and mingles with the urine uncombined with semen. In true spermatorrhœa, the microscope reveals the constituent elements of semen; the presence of spermatozoa is conclusive. An aid to a correct discrimination is the presence of oxalate of lime in the renal excretion. If the seminal loss has long continued, the microscope exhibits the spermatozoa diminished in number and size, swimming slowly about, or quite motionless. Ultimately they quite disappear, and we see, instead, oval shining bodies, supposed to be remnants of the disintegrated animalcula. This semen is, of course, destitute of all fecundating influence. The occult diagnosis of an urino-seminal flow is aided by the appearance of viscid matter adhering to the orifice of the urethra, being deposited there at the close of micturition. This form of seminal loss more frequently than at other times occurs when the bladder is relieved after unusual distension; as, for instance, after rising in the morning.

If the disorder is accompanied by spinal irritation, the urine deposits a bright brown sediment; the liquid affords an acid reaction, and after standing, produces a pellicle which forms again after being removed. If the semen has become destitute of living spermatozoa, thin, without color, and inodorous, the patient does not suspect his ailment. These cases are almost exclusively consequent upon excessive coitus or functional perversion. It may be induced by retaining the semen as long as possible to prolong the excitement in coitus, by which the elasticity of the vesicles and ducts is impaired.

Diseases of the cerebellum and spinal marrow are productive of spermatorrhœa. The accumulation of smegma behind the corona glandis, in consequence of a long prepuce, or neglect of cleanliness, may lead to involuntary emissions by causing an irritation which is propagated to the vesicles. If the use of tea and coffee do not cause the affection, they at least aggravate it when it exists. In like manner whatever promotes an increased flow of blood to the pelvic organs and perineum will originate or magnify this difficulty. A seden-

tary life, constipation, portal congestion, various idiosyncrasies and hereditary disposition, are among the influences which cause semi-nal loss. Gonorrhœa, stricture, lecherous indulgences, and similar causes, are among the well-known reasons.

Hippocrates remarks, that "this disease frequently occurs among the newly married, and in consequence of sexual excess; there is no fever, the appetite remains good, but the strength vanishes, and the patient grows thin. They complain of formication along the spine, semen is lost with the urine, at stool, during sleep, while riding on horseback, or walking. The patient becomes impotent and debilitated; the head feels heavy, and there is constant buzzing in the ears. If fever supervenes, the patient dies."

Moral depression very much hinders recovery when the disorder is consequent upon vicious habits, even though they be abandoned. The weight of the malady is not entirely dependent upon the exhausting flux, even though the statement that an ounce of semen is equal to forty ounces of blood, be correct. Recovery is much hastened by a conviction of its probability, and an assurance that by proper appliances the malady and its consequences are capable of removal.

E. S.

February 8th, 1855.

CASE OF STRANGULATED HERNIA—OPERATION—FOLLOWED BY SCURVY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—If, in your opinion, the following case is of sufficient interest to the profession, to entitle it to a place in the Journal, you are at liberty to publish it.

Respectfully yours, J. WASHINGTON SMITH, M.D.
East Franklin, Del. Co., N. Y., Feb. 6, 1855.

May 12th, 1853.—I was called at 7 o'clock, P.M., to visit Mr. F. Scott, aged 30, a house-carpenter, and of good constitution. I found, upon examination, it was a case of strangulated inguinal hernia, of some hours' duration. Rupture had existed for several years, caused, as supposed, by a horse, upon which he was riding at a cavalry parade, jumping from a high bridge. At that time it was strangulated, but readily reduced, and he has since worn a truss, until within a few days, when it had become so rusty as to be worthless. The symptoms were urgent, as indicated by nausea, pain, tenderness and swelling; and the usual means—position, taxis, cold, the hot bath, venesection, and enemata—were promptly and perseveringly applied, but without relief. Anodynes could not be retained until after an enema of 3 j. tinct. opii, when several doses of morphia were given and retained. This caused him to sleep a little, and after some hours the swelling and tenderness appeared to have diminished. Upon my request for counsel in the

case, Dr. Ferris Jacobs, of Delhi, a surgeon of age and experience, was called, and arrived at 4 o'clock, A.M. He coincided with the plan of treatment, and recommended a further trial of opiates, injections and the taxis. The free use of enemata appeared to increase the pain and swelling, and they were discontinued.

At 4 o'clock, P.M., no permanent relief having been obtained, and most of the symptoms becoming of a much graver character, it was decided, as a *dernier ressort*, to operate for the division of the stricture. I say *dernier*, for in the opinion of most surgeons the time had passed for an operation with much probability of success.

With my assistance, and that of his son, a promising youth, Dr. J. proceeded to the operation. Owing to the large amount of strangulation, it was necessary to make a rather free incision, and to open the sac before its contents could be returned. Not far from two feet of intestine and a considerable portion of omentum occupied the scrotum and inguinal canal; the intestine being of an ash color, with the exception of some few inches, which were black and to every appearance entirely gangrenous. The amount of hemorrhage was not large. Stimulants and opiates were freely given before and during the operation, but anaesthesia was not attempted. I remained with the patient most of the time during two days and nights; and to the great surprise and gratification of all, he steadily improved. There was considerable inflammation, but the integuments united by the first intention, and perhaps the canal would have partially closed, could he have been induced to remain sufficiently quiet for a length of time. Forty-eight hours after the operation, the bowels were moved by enemata. On the sixth day he was removed one mile upon a litter. Compression was applied over the incision as firmly as could be borne, but a large and painful abscess formed in the scrotum, which I opened the ninth day after the operation. Whether unavoidable, or the result of negligence, the effect was no doubt salutary, as affording a free and harmless exit to irritating discharges, which might otherwise have proved a dangerous source of inflammation in the weakened state of the system following such an operation.

Contrary to advice, the patient soon began to sit up, and by the twelfth day to walk about the house and yard. It was not quite three weeks when he rode some two miles, to his home. Soon after, an attack of acute peritonitis set in, and came near proving fatal; caused, as I think, by his imprudence. The acute symptoms subsided into chronic, with distressing paroxysms at frequent intervals, from the amount of flatus, and especially after certain kinds of food. It is due to Dr. Jas. M. Wheat, a recent graduate, and who was then in the neighborhood, to state that he saw and prescribed for the case several times in my absence, and to the speedy relief of the urgent symptoms.

Finally from choice, or, as appeared to him, from necessity, he confined himself almost exclusively to a diet of bread and butter. In this way he continued for many months, at times feeling quite

comfortable, though subject to great distress from flatus, and to occasional severe paroxysms of pain from any slight exposure, or change of diet.

In March, 1854, he was so much improved as to undertake a journey of ten miles upon horse-back, and was drenched in a heavy rain. This prostrated him for several days, and greatly aggravated the flatulence and irritation of the bowels. As this state of things was partially relieved, he, from choice, but against my advice, confined himself, if possible, more exclusively than before, to the same articles of food. When I saw him again, some weeks after, his gums and mouth began to be very sore, and the solemn assurance that he had not taken a particle of mercury in any form, was hardly credited. In short, the complexion, languor, pain of limbs, the irregular purplish spots upon the extremities, varying in size from one to three lines in diameter, the swelling of lower limbs, soreness and swelling of the gums, and the hard and painful tumefactions, or, as he expressed it, "lumps," in the muscles of the leg and thigh, rendered it too marked a case of *scurvy* to be mistaken.

To the imperative direction, at this time, to change *at once* his exclusive diet to a more mixed one, and especially to make free use of fruits and vegetables, he at length reluctantly consented. The change was cautiously effected, and from that time the improvement has been gradual. At this time his health is good, and he bids fair to regain his former strength of body.

Remarks.—The history of this case illustrates:—

1. The risk of too great delay before resorting to an operation.
2. That recovery may, and occasionally does, take place, contrary to all reasonable expectations, even where the operation has been greatly delayed.
3. The danger of unnecessary exposure, and especially of assuming the erect posture too soon.
4. That debility from any cause, the depressing passions (he was poor and had a family), and the almost entire absence of fruits and vegetables for a considerable period of time, may give rise to an aggravated form of scurvy, and that upon the proper regulation of the diet will the restoration chiefly depend.

EXPULSION OF OVUM AT THIRD MONTH.

To the Editors of the Boston Medical and Surgical Journal.

Sirs,—As I conceive it to be the duty of the physician to report interesting cases that may occur in his practice, I send you the following:—

On the 30th ult. I was called to attend Mrs. S. H. Kinney, and found her with the usual symptoms of labor. Upon vaginal examination, I found the os uteri considerably dilated, and a breech presentation of the foetus. In a short time, and *before* the rupture of the membranes, there was expelled an ovum in a good state of pre-

servation, which had apparently reached the third month. Soon the membranes were ruptured, and the child delivered as usual in breech presentations. Symptoms of animation appeared, and the child is now alive and doing well. The diseased ovum was considerably pressed out of shape.

The mother does not recollect any unusual occurrence to account for the result. But she complained of a pain and soreness in the right side, in front, and above the right ilium, which still continues.

J. K. LEANING, M.D.

Fly Creek, O'sego Co., N.Y., Feb. 1855.

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Congenital Nævus—Operation. (Under the care of Dr. CABOT. Reported by Mr. HOOKER, House-surgeon.) Feb. 9. J. C., a fine-looking little girl, æt. 7, has a congenital nævus, occupying the right portion of the upper lip, and extending completely through its substance. On the outside, it is merely covered by skin, but it projects considerably on the inside.

Feb. 10th.—Patient was taken to the operating theatre, and having been thoroughly etherized, Dr. Cabot passed two double sutures through the nævus, on the inner side of the lip, tying the ends tightly together. A ligature was then applied around the base of the tumor; after which, its summit was sliced off with a scalpel.

The child was comfortable the next day, having had but little pain.

Cerebral Apoplexy—Autopsy—Lesions of a previous Attack. (Reported by Mr. S. F. HAVEN, Jr., House-physician.) M. E., wife, æt. 22, was found about 1, P.M., Jan. 23d, leaning against the Hospital fence, in a faint condition, and being brought in, was placed in Dr. Jacob Bigelow's ward. Immediately after, vomiting occurred, and the patient then fell into a comatose state, with frequent and slight muscular spasms, which continued till death took place, at 7, P.M. Some circumstances leading to a suspicion of poison, the stomach pump was employed, together with leeches and cold applications to the head, &c. It was afterwards ascertained that, about seven years before, the patient had had a similar attack.

Autopsy, by Dr. CALVIN ELLIS. A large collection of coagulated blood was found covering the left cerebral hemisphere, beneath the dura mater, from the vertex to the base. In the posterior lobe at the base of brain was an irregular longitudinal laceration, about one inch long, with bloody and ragged edges. An opening in the posterior cornu communicated with this laceration. Just outside the posterior cornu, an old cavity, about six lines in diameter, was observed, the walls of which were of a dark-brown color, about half a line in thickness, and in contact; but on separating them, a delicate blood-vessel was seen extending from one side to the other. The recent rupture had evidently taken place in the immediate neighborhood of this cavity. As no blood was found in the ventricle, except in the posterior cornu, it is probable that the rupture there did not take place until after profuse haemorrhage at the laceration at the base.

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BOSTON, FEBRUARY 22, 1855.

"HYDROPATHIC MEDICAL COLLEGE."

If it may with truth be said that there never was a time when the medical profession was more entitled to the respect and confidence of mankind than the present, we are almost tempted to reply, never did it receive less honor from the public. A bill has been recently introduced into the New York Assembly, to incorporate a "Hydropathic Medical College, for the purpose of promoting Medical Science." The trustees are to be allowed to hold real estate not exceeding in value \$250,000, and are to have the power of conferring the degree of Doctor of Medicine upon the recommendation of the Board of Professors. "The College shall be subject to the visitation of the Regents of the University. The Trustees may also appoint delegates to the State Medical Society."

Our confidence in the wisdom of the New York Legislature will hardly allow us to suppose that a bill of this description, so detrimental to sound science, so degrading to the medical profession, so injurious to the welfare of the community, could ever become a law. The very attempt, however, shows that the profession stands lower in the estimate of the community than it should. Let the members of the Assembly cast their eyes around them, and observe the thousand forms of empiricism, each exulting in its turn as it rises to public favor, and each disappearing to give place to another more absurd than the last. How much has the true progress of medical science been benefited by the prevalence of any one of these "methods" of cure? To whom does the world owe vaccination, the use of anaesthetic agents, the prevention of scurvy, the daily discoveries in chemistry, pathology, physiology, therapeutics? Whom are we to thank for the great advancement in sanitary reform, whereby the health, longevity and happiness of millions are promoted? Is it the hydropath, the homœopath, the eclectic, the Thomsonian, the mesmerist?

It is a significant fact, that the name of P. T. Barnum is the first mentioned in the act of incorporation. This should be enough to convince the Legislature of New York, that, however successful as a pecuniary speculation a hydropathic college may be, its real advantage to the public is, to say the least, exceedingly doubtful.

We do not wish to be understood as condemning the use of water as a therapeutic agent. It is only against its exclusive employment that we protest. We are ready to admit that water, in the form of baths, douches or *packing*, when aided by cheerful society, country air, exercise, regimen, and a discipline which cannot always be enforced in private practice, is of immense benefit in many cases, especially where the patient has been accustomed to take large quantities of medicine. But water is only one of the many agents to be employed in the treatment of disease, and the attempt to erect a school of medicine founded upon its exclusive employment as a curative means, and, above all, to allow such a school to grant degrees of Doctor of Medicine, is an insult to a noble profession, and an injury to mankind. Should this bill pass, we see no reason why the believers in mesmerism may not claim to be allowed to confer medical degrees upon those who profess to diagnosticate and treat diseases by means of a *clairvoyant*.

BOSTON DISPENSARY.

WE are informed that there are two vacancies in the Board of Visiting Physicians of the Dispensary of this city. We call the attention of the younger members of the profession to this fact, in order that some of them may avail themselves of these valuable opportunities of acquiring medical experience. It seems strange that such situations should go begging; but we are informed that there is considerable difficulty, in certain districts, in finding physicians who are willing to accept them. We believe that this arises, in a considerable degree, from a misapprehension on the part of medical men in regard to the advantages, as well as the inconveniences, of the office of dispensary physician. Some have complained that the number of their paying patients diminished in consequence of their connection with the Dispensary. Others have been disappointed because the cases were generally of an uninteresting or uninstructive character, or because their best efforts were often frustrated by the neglect or the ignorance of their patients.

In our opinion, one of the chief advantages to be derived from dispensary practice, is not so much an opportunity of becoming acquainted with particular diseases, as a general experience in the management of the sick. There are a thousand things which a physician must know, which he can only learn by personal experience, and the dispensary is a school where he can acquire that familiarity with the details of practice without which he fails to inspire his patients with confidence. As for the influence of dispensary practice on the number of one's paying patients, it cannot be much either way. A physician's success depends more on his talents and industry, than on his connection with a charitable institution. The salary (\$100 per annum), inadequate as it is to the amount of time spent and responsibility incurred, is by no means to be despised.

INTRODUCTION OF A STICK INTO THE STOMACH.

THE last number of the Philadelphia Medical Examiner contains an account of the following extraordinary case, translated from *El Porvenir Medico*, of Madrid, Spain. A man laboring under a syphilitic affection of the mouth and fauces, was in the habit of making a local application to the parts by means of a swab, the handle of which was more than ten inches in length. On one occasion, the instrument slipped into the œsophagus, and disappeared. This at first caused paroxysms of suffocation, which soon ceased, giving place to soreness in the throat, and in the region of the nipple of the left side. Eight days subsequently, the patient had deep-seated, sharp pain, below the last false rib, on the left side, with gastric irritation and febrile excitement. These symptoms abated on the following day, and on examination, the stick was felt in the stomach. The patient refused to submit to the operation of gastrotomy, which was proposed. On the 26th day after the accident, an abscess pointed far below the nipple on the left side, which was opened, and discharged a large quantity of pus. Four days afterwards, the end of the stick appeared at the opening of the abscess, and the instrument was extracted by the physician, Dr. Povil, with much difficulty. It was followed by a flow of pus, considerable blood and gastric juice, together with some partially-digested alimentary substance, which had been eaten that morning. The wound was completely healed in twenty-six days from the removal of the stick, and forty-nine from its entrance by the mouth. The patient enjoyed good health until his death, which happened seventeen years afterwards, from an acute attack of pleuro-pneumonia.

MEDICAL COMMENCEMENT AT THE MASS. MEDICAL COLLEGE.

We learn that owing to some changes which have taken place in the time of conferring degrees in this institution, it has been decided to have but one medical examination in the year, instead of two as heretofore. The examination will take place at the close of the medical lectures, and the degrees will be conferred the ensuing week. This ceremony has hitherto taken place at Cambridge, at the commencement at Harvard College; but we learn that the government of the University has recently accorded to the Medical College a separate medical commencement, in the building of the College in Boston, and at which the President, Corporation and Overseers of Harvard University, of which the Medical College is a department, will officiate. Among the exercises of this interesting occasion will be selections from some of the medical dissertations of the graduating students, to be read by their authors; the conferring of degrees by President Walker, and a Valedictory Address, to be pronounced this year by Professor Storer. We also understand that the exercises will take place at the College Building, in N. Grove Street, on Wednesday, March 7th, at 11 o'clock, at which time the medical profession, and those of the public who are interested in medical science, will be invited to attend.

Bibliographical Notices.

Autobiography of Charles Caldwell, M.D.—With a Preface, Notes and Appendix.—By HARRIOT K. WARNER. Lippincott, Grambo & Co., Philadelphia. 1855. (Sold by Ticknor & Co., Boston. Price, \$2 50.)

This is an octavo of some 450 pages, and both its external and internal appearance are exceedingly creditable to the publishing house which has issued it. The paper and type are far before most of the specimens which reach us from the same meridian. How far this is due to the private interest of personal friends of the subject of the biography, we know not; at all events, it is a very pleasant feature in the undertaking, and we heartily wish it may be oftener observed.

The subject of this autobiography was certainly a most remarkable man. Without much predilection for biographies in general, and perhaps even less for autobiography, we confess to being decidedly pleased with the book, so far as we have perused it. Its nature admits of looking into detached portions of it, and in many of these our attention has been fairly riveted by the interest of the narrative and the importance of the relations sustained by the writer.

An analysis of the book we do not intend to give, even were it quite possible to do this with *any* biography. The Editress has evidently attended to her duties with a fidelity which marks near attachment. We think she did well to listen to the advice of friends in somewhat abridging the bulk of the volume, and we are not sure but certain other portions might well have been omitted. The disagreements of distinguished men, in public or in private, are, to say the least, of no advantage to the readers of a biography; and although Dr. Caldwell's object in detailing the particulars of his differences with the late Dr. Rush may have been excellent, we fail to see the propriety of so extensively declaiming upon the matter. Men care very little about such disputes when once they are over. Almost the only thing we have yet read in the book which leaves a painful impression, is the above narration of squabbles.

One other thing strikes us a little unpleasantly: shall we call it a degree of self-laudation? We dislike to do so, but it is apparent at times. Even an autobiographer, in his confessedly difficult task, may, we think, avoid this fault.

To call attention to the more genial aspects of the book. We find in it testimony corroborative of the assertion of the Editress in her well-written "Appendix," that Dr. Caldwell was "distinguished for the high-bred courtesy and polished elegance which marked the *gentleman* of the last century. He might indeed be considered one of the finest specimens of the *ancien régime*."—(P. 452.) To judge from the portrait which literally *embellishes* the handsome volume, we should at once pronounce him to be not only a gentleman, but a man of extraordinary ability. Energy is written in every line of the striking and manly countenance; the eye is penetrating and intelligent—and the mouth, firmness itself. If the massive forehead and prominent nose indicate something of the sterner cast, combined with the greatly predominating intellectuality, we can easily see that kindness and heart could never have lacked manifestation. The head is a noble one, and is beautifully executed. The beard, in its venerable length, reminds us not a little of Bryant.

Our limits hardly admit of even the extended general notice we have given; we can but refer to the fact that Dr. Caldwell was a clear, useful and voluminous writer on medical and on many other topics. A catalogue of his published writings is given on pp. 429 to 437, and the whole number of papers, et cetera, large and small, translated and original, professional and non-professional, we find to be 215.

In conclusion, it is but just to say, that Dr. Caldwell gives (pp. 23—33) several excellent reasons for undertaking the task of writing an account of his own life, and we feel confidence in recommending a perusal of the entire volume, filled as it is with piquant anecdotes, now rarely to be obtained, relating to men who have mostly passed away; with much excellent precept and information, given by a man who through an unusually long life "exerted no small influence in various walks of science and literature, and which always was directed or sought to be directed to the best and highest interests of humanity." The Editress will doubtless have the hearty thanks of the Profession for the very faithful performance of a task in which she was "entirely unassisted."

In the Boston Medical and Surgical Journal (Vol. XLIX. No. 1) is a notice, copied from the Louisville (Ky.) Courier, which presents, in a condensed space, the principal events of Dr. Caldwell's life, and to this we refer those of our readers who may not have seen the Autobiography itself.

Dr. Caldwell "was about 90 years of age" when he died, "and probably the oldest physician in the United States."

Medicine a Science, or Disease a Unit. By H. Backus. Selma, Ala. 1855. Pp. 46.

This pamphlet, the substance of which appeared in the Transactions of the Alabama State Medical Association for 1852 and 1854, has for its object to prove that all pathological phenomena acknowledge a common cause, which constitutes medicine a science, and that it is possible to accomplish for medicine what Newton accomplished for physical science. The author maintains that "all pathological phenomena are produced by *pressure*"; whence we infer that pressure, according to him, is to medicine what gravitation is to astronomy. His conclusion is as follows. "We repeat, that in

all cases of disease, local or general, the great point to be observed is that remedial appliances must be *adaptive*—adapted to extent, degree and duration of congestion, of pressure."

Transactions of the New Hampshire Medical Society. Concord, 1854.

This venerable society celebrated its sixty-fourth anniversary at Concord, June 6th and 7th, 1854. A neatly-printed pamphlet contains the proceedings at the meeting—also the address of the President, Prof. Albert Smith, on Conservatism in Medicine; an oration, by Andrew McFarland, M.D., Physician and Superintendent of the Illinois State Hospital for the Insane, on the Poetry of the Medical Profession; a dissertation on the Necessity of a Knowledge of the Chemical Changes in the Body, in Disease, by Wm. H. H. Mason, M.D.; an Opinion upon Prosecutions for Mal-practice, by Prof. Joel Parker, LL.D.; and other papers. The pamphlet is one of value, and should be preserved for reference.

Annual Reports of the Commissioners and Superintendent of the Indiana Hospital for the Insane. Indianapolis, November, 1854.

This institution is under the care of James S. Athon, M.D. The number of patients treated during the past year was 332; of whom 114 were discharged well, and 23 improved. Of 739 cases admitted since the hospital was founded, 29 were caused by the spiritual rapping mania. The use of steam, as a means of warming the house, has been introduced, and is in successful operation.

Report of the Managers of the New York State Lunatic Asylum. Albany. Senate Document No. 14. 1855.

This hospital, under the superintendence of John P. Gray, M.D., is also warmed in part by steam, which circulates through coils of iron pipe, over which air is forced by a blower driven by a steam engine. The number of patients treated during the last year, was 836; 164 were discharged well, and 42 improved.

Reports of the Trustees and Superintendent of the Butler Hospital for the Insane. Providence, R. I. 1855.

Dr. Ray's Report will be read with great interest and profit by all who are interested in the subject of insanity. The number of patients treated during the year was 216; of whom 40 were discharged well, and 20 improved. The Report is beautifully printed.

Medical Intelligence.

Operations at the Massachusetts General Hospital on Saturday, Feb. 17th.
—The following list of operations at the Hospital, last Saturday, is reported by Calvin G. Page, late House-surgeon:—

Amputation of left arm just above carpus, for necrosis of carpus and metacarpus of four years' standing. Patient a farmer, married, aged 47. Circular operation by H. J. Bigelow.

Fatty tumor of nates, as large as a pullet's egg, removed by means of scissors. Patient, female. H. J. Bigelow.

Necrosis of tibia, 18 months' standing, caused by a sprained ankle. The

tibia was trephined at lower part of shaft, and several small sequestra removed. Patient is 14 years of age, of strumous diathesis. Operation by H. J. Bigelow.

Nævus on back, excised by H. J. Bigelow.

There were two amputations of the leg during the week, for accident, by Dr. Cabot.

Charleston Medical Journal and Review.—This ably-conducted bi-monthly has undergone a change of editors. Drs. Cain and Porcher retire from the editorship and proprietorship, to transfer them to Dr. C. Happoldt, "who is favorably known to its readers not only by his contributions while in this country, and his correspondence from Europe, but also by his having materially assisted in its conduct during a period of eighteen months."

Statistics of Suicide.—Of 2674 inquests held by Mr. Wakley in the western division of Middlesex from April 15th, 1852, to August, 4th, 1854—a period of somewhat more than two years and a quarter—216, or rather more than one twelfth of the whole number, took place in cases of suicide. (This number of 216 comprises only those cases in which suicide was clearly proved, and not instances in which persons were found in water, &c., but where a doubt existed whether self-destruction had been committed.) Of these 216 suicides, 153, or more than two thirds, were males, and 63 were females. Twenty-three or about one ninth of the entire amount, occurred in the parish of Islington; 20, or somewhat more than one eleventh, in Clerkenwell; 35, or nearly one sixth, in St. Pancras; 38, or upwards of one sixth, in St. Marylebone. In St. Giles's parish, there were 6 suicides; in Chelsea, 7; in Kensington and Paddington, 14 each; in the western parishes of the county, 35; and in the parishes of the northern portion which are included in the western division, 12 suicides of the total number. The modes in which death was produced ranged numerically as follows:—Hanging and strangulation, 81 cases, or nearly two fifths of the whole; cut-throats, 44, or about one fifth of the entire number; poisoning, 39; drowning, 31; shooting, 10; killed by throwing themselves from windows or parapets, 9; by swallowing a fork, 1; by voluntary burning, 1; and 1 individual died from the effects of cutting away an umbilical hernia. In 2 instances suicide was effected by the joint operation of cut-throat and drowning, and in 1 by means of a wound in the throat and poison.—*London Lancet.*

The Crystal Palace in Paris has a department allotted to medical and surgical discoveries. It is expected England will furnish various articles of importance—surgical instruments of various kinds, anaesthetic appurtenances from Dublin, Edinburgh, &c. It is stated that M. Leroy d'Etiolles, the celebrated improver of lithotritic instruments, is expected daily in London, whether in connection with this undertaking or not, we cannot determine.—*London Lancet.*

M. Labé's Case of Single Kidney.—In an old man who died at the Bicêtre, M. Labé found the left kidney absent. There was neither a renal artery nor vein on the left side, and the bladder showed no trace of a left artery ever having existed. The right kidney, considerably hypertrophied, occupied its normal position; while its ureter was single, and showed no bifurcation.—*Comptes Rendus de la Société de Biologie, and Gaz. des Hop.*

Rupture of the Bladder.—In the month of September last, a young woman died at Portsmouth, whose death was supposed to have been caused by violence. A feeling of indignation was excited by some reports which the daily papers circulated against the officers of a certain ship. On a strict and very protracted examination it was shown, from the medical as well as other evidence, that the girl had died from peritonitis, caused by rupture of the bladder; and that this injury had proceeded from falls, concurring with an over-distended bladder, the deceased having been at the time intoxicated.—*British and Foreign Medico-Chirurgical Review*.

Poisoning with Arsenic.—Dr. Blondlot, of Nancy, has related the particulars of a series of four murders, in which arsenic, administered by one individual, was detected in bodies that had been buried sixteen and twenty years. In the latter instance, the coffin had become entirely disintegrated, and the bones of the skeleton lay detached from each other, the ligamentous parts having disappeared. The brain, however, was found entire, but shrunk to the size of a fist. The weight of this brain was about eleven ounces. When very carefully analyzed it was found to contain arsenic. The presence of arsenic in the earth of the cemetery was excluded by careful analysis.—*Journal de Chimie Médicale*.

Poisoning with Ranunculus Acris.—Some children amusing themselves in a meadow by making coronets of buttercups (*boutons d'or*), one of them was tempted to eat several of the flowers. A few minutes afterwards this child was seized with severe colic, and all the symptoms of poisoning, which, however, were removed by medical care.—*Ibid.*

NOTICES.

The following communications are received:—Some Hints on the Treatment of the Distemper of Dogs, by Philokuron.—A Case of Alarming Symptoms following the use of Spigelia Marilandica.—Case of Union of Bone after division by a Circular Saw.

The following books and pamphlets have been received:—The Non-malignant Diseases of the Uterus, a prize essay by G. H. Lyman, M.D.—What to observe in Medical Cases; published under the authority of the London Medical Society of Observation.—Principles and Practice of Obstetric Medicine and Surgery, by Francis H. Ramsbotham, M.D. The above will be noticed in our next number.

With the second No. to be issued in March, we intend to commence the publication of "Extracts from the Records of the Boston Society for Medical Improvement," and to continue them at least in every alternate number. Should there be, at times, a longer interval, it will be ascribable either to lack of sufficient communicable matter or to unavoidable delay in preparing what may be received.

We are desired by Dr. Charles E. Ware to state that he was not one of the compilers of the Catalogue of the Massachusetts Medical Society, as announced in our last number. The chief share of that laborious undertaking was performed by Dr. A. A. Gould, Treasurer of the Society.

Several complaints have been made by subscribers in the city that their copies of the first number of the present volume did not reach them. We hope that the addition of so many names to his list will serve as an excuse for some mistakes on the part of the carrier. In several instances the Journal was left at the door, but afterwards disappeared. We hope our subscribers will have no cause for complaint on this score in future.

Deaths in Boston for the week ending Saturday noon, Feb. 17th, 77. Males, 38—females, 39.

Accident, 2—disease of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 2—consumption, 13—cancer, 1—convulsions, 5—croup, 3—dropsy, 3—dropsy in the head, 2—debility, 1—infantile diseases, 7—typhus fever, 1—scarlet fever, 1—hooping cough, 1—intemperance, 3—inflammation of the kidneys, 1—inflammation of the lungs, 3—disease of the liver, 1—marasmus, 2—old age, 2—premature birth, 1—smallpox, 6—scrofula, 1—teething, 4—thrush, 1—unknown, 1—varioloid, 2.

Under 5 years, 40—between 5 and 20 years, 3—between 20 and 40 years, 14—between 40 and 60 years, 12—above 60 years, 8. Born in the United States, 58—British Provinces, 2—Ireland, 11—England, 1—Germany, 3—France, 1—Portugal, 1.

The Strafford District (N. H.) Medical Society.—This society held its forty-seventh Anniversary at Dover, on Wednesday, the 17th ult. The following officers were elected. P. A. Stackpole, *President*; A. G. Fenner, W. B. Reynolds, C. Palmer, *Councillors*; L. G. Hill, *Secretary*; A. Bickford, *Treasurer*; L. G. Hill, *Librarian*; N. Martin, *Auditor*. An interesting oration was delivered by Dr. Reynolds, and Dr. Pray read a valuable paper. The Society dined at the American House.

Honor to Medical Men.—At the anniversary meeting of the Royal Society (in London), on the 30th November, last, Lord Rosse, previous to his resignation of the presidency, announced the adjudication of the medals in the gift of the Society. The two Royal medals (the highest of scientific honors) were adjudged to Drs. Hooker and Hoffman—to the one for his botanical investigations and discoveries, to the other for his researches in organic chemistry. The Rumford Medal was given to Dr. Arnott, for his smokeless grâte, and for his improvements in heating and ventilating buildings; and the Copley Medal to Professor Johann Müller, of Berlin, for his researches in physiology and comparative anatomy.

Medical Society of the State of New York.—This society held its annual meeting at Albany, on the 6th, 7th and 8th Feb. The following officers were elected. *President*, Frank H. Hamilton, of Buffalo; *Vice President*, Thomas Hun, of Albany; *Secretary*, Howard Townsend, do.; *Treasurer*, Peter Van O'Linda, do. Among the papers read at the meeting, were the following:—by Dr. Snyder, a biographical sketch of Dr. Daniel Ayres;—by Dr. Coventry, a biographical sketch of the late Professor James Webster;—by Dr. Augustus Willard, on the epidemical diseases of Chenango and Broome;—by Dr. J. S. McCall, on the needs, duties and privileges of the medical profession;—by Dr. Phelps, on the condition of the medical profession;—by Dr. Horace Greene, on the employment of injections into the Bronchial Tubes, and into Tubercular Cavities of the Lungs. Dr. Hamilton made some remarks on Dislocations of the Bones, and Dr. Corliss spoke on the subject of Fractures of the Femur.

Medical Institution of Yale College.—At the annual examination, held at New Haven, Jan. 10th, ten gentlemen were examined and recommended for the degree of Doctor in Medicine.

Award of Gold Medals to American Surgeons.—A Gold Medal of the largest size, and a Medal of Honor of the First Class, have been presented by the French Government to Dr. T. Williamson and Dr. James Harrison, of the Naval Hospital at Norfolk, for their attention to the crew of the French Steamer *Chimere*, which put into that port, suffering with yellow fever.

Patent Medicine Bill.—A Bill, providing that the composition of all patent medicines shall be printed on the labels of the bottles, is now before the New York Assembly. The effect would be fatal to the success of many nostrums which bring in fortunes to the proprietors, and there will therefore be great opposition to its passage. The House granted the use of the Assembly Chamber to the Homœopathic Medical Society, for the delivery of its Annual Address. There are six "physicians" in the New York Legislature, and we may infer from the proceedings of that body that they are "of all colors."

N. Y. Society for the Relief of Widows and Orphans of Medical Men.—This beneficial association recently held its annual dinner at the Astor House. From the statement of Dr. Wood, the President, we learn that, "instituted in 1842, its capital is now \$17,000, securely invested in bonds and mortgages, at seven per cent. on improved property in New York and Brooklyn; the ground in every instance being worth the amount loaned. Receipts from all sources during the year (including interest), \$1,797 15; expenses, \$318 25. One family is supported by the society." The receipts on the occasion of the dinner were large, amounting to \$1,250. The dinner expenses (\$630) were paid by private subscription.—*Buffalo Med. Journal.*

Fistula Lachrymalis.—Three cases of this disease, treated by trephining the unguis, have been recently under observation in the practice of Demarquay in Paris. The idea is novel and has proved successful.—*Lancet*, Feb. 1855.